

Drug and Alcohol Program

PART 199 & 40

Part 199 Pipeline
Safety Regulations
Drug and Alcohol
Testing

Part 40 Procedures
for Transportation
Workplace Drug and
Alcohol Testing
Office of Drug &
Alcohol Policy &
Compliance



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Definitions

Accident-- means an incident reportable under Part 191 of this chapter involving gas pipeline facilities or LNG facilities, or an accident reportable under Part 195 of this chapter involving liquid pipeline facilities.

[Coolidge](#)



Administrator means the Administrator, Pipeline and Hazardous Materials Safety Administration or his or her delegate.

**Designated Employer Representative (DER)* An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes

**Service Agent* any person or entity, other than an employee of the motor carrier, used to help implement the DOT/FMCSA drug and alcohol testing regulations.

- 40.15(d) As an employer, you must not permit a service agent to act as your DER



DER

Receives

- verified positive results from the MRO and notification of cancelled tests, ensuring a second collection under direct observation.
- immediate notification from collector of insufficient sample & consults with the MRO and directs the employee to obtain evaluation from a licensed physician.
- reports that a specimen is dilute and refusals to test from the MRO.
- A copy of the CCF
- immediate notification of insufficient breath and cancelled tests from STT or BAT within 48 hours.

Must

- certify MIS report data for completeness and accuracy
- contact employee after notification of non-negative test results.
- ensure additional collections occur immediately if required.

Is generally responsible for ensuring implementation, compliance with the drug and alcohol program and assisting employees with questions about the program.

Operator means a person who owns or operates pipeline facilities subject to part 192, 193, or 195 of this chapter.

Covered function means an operations, maintenance, or emergency-response function regulated by part 192, 193, or 195 of this chapter that is performed on a pipeline or on an LNG facility.

Covered employee, employee, or individual to be tested means a person who performs a covered function, including persons employed by operators, contractors engaged by operators, and persons employed by such contractors.

Performs a covered function includes actually performing, ready to perform, or immediately available to perform a covered function.

Task Code	Run Date: 06/23/2021 Grace Period for all Tasks is 0 *If Span of Control is not stated specifically per task, then assumed 1:3*		Span of Control
	Task Name	Task Description	
0001	Measure Structure-To-Electrolyte Potential	This task includes using measurement equipment to take a reading of the potential between the structure (pipe, tanks, etc.) being tested and the soil and recording data.	1:3
0011	Conduct Close Interval Survey	This task includes gathering electrical potential readings along the pipeline at specified intervals and recording data.	1:3
0021	Measure Soil Resistivity	This task includes using measurement equipment to measure soil resistivity and recording data.	1:3
0031	Inspect And Monitor Galvanic Ground Beds/Anodes	This task includes inspecting and monitoring the electric potential of galvanic ground beds/anodes.	1:3
0041	Inspect And Monitor Galvanic Ground Beds/Anodes	This task includes inspecting and monitoring the electric potential of galvanic ground beds/anodes.	1:3

As an employer, you must, after obtaining an employee's written consent, request the information about the employee. This requirement applies only to employees seeking to **begin performing safety-sensitive duties** for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions. (40.25 Pre-History Checks)

XVII. APPENDIX J – NEW HIRE HISTORY CHECK FORM

“Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing”

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2. Did the employee have verified positive drug tests? | YES ___ NO ___ |
| 3. Did the employee refuse to be tested? | YES ___ NO ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____

viii. Appendix A - Acknowledgement/Receipt Form

I acknowledge, by signing this form, that my full compliance with the Anti-Drug and Alcohol Misuse Prevention Plan (the "Plan") and DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation, committed by me, as cited in the Plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational materials on the dangers and problems of drug abuse and alcohol misuse.

Signed, this the _____ day of _____, 20_____.

Employee Name (Please Print)

Employee Signature

DOT Procedures means the Procedures for Transportation Workplace Drug and Alcohol Testing Programs published by the Office of the Secretary of Transportation in **part 40** of this title.

Fail a drug test means that the confirmation test result shows positive evidence of the presence under DOT Procedures of a prohibited drug in an employee's system.

Pass a drug test means that initial testing or confirmation testing under DOT Procedures does not show evidence of the presence of a prohibited drug in a person's system.

Positive rate for random drug testing means the number of verified positive results for random drug tests conducted under this part plus the number of refusals of random drug tests required by this part, divided by the total number of random drug tests results (i.e., positives, negatives, and refusals) under this part.

Refuse to submit, refuse, or refuse to take means behavior consistent with DOT Procedures concerning refusal to take a drug test or refusal to take an alcohol test.

Prohibited drug means any of the substances specified in 49 CFR part 40.85

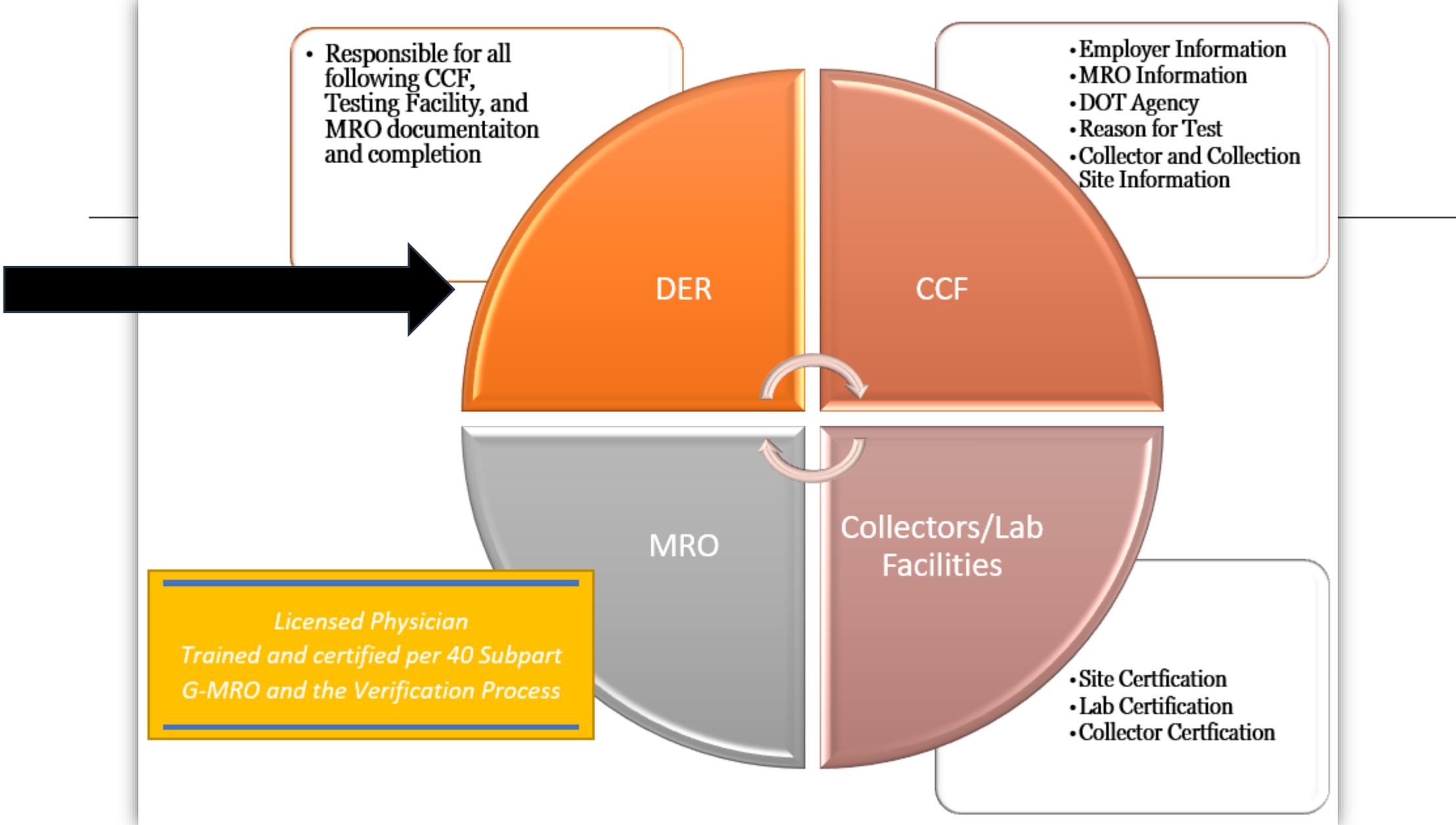
Marijuana

Cocaine

Amphetamines and methamphetamines such as MDMA and MDA

Opioids

Phencyclidine (PCP)



Federal Drug Testing Custody and Control Form

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **000001** ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. _____

B. MRO Name, Address, Phone No. and Fax No. _____

C. Donor SSN, Employee I.D., or CDL State and No. _____

D. Specify Testing Authority: HHS NRC Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG

E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify) _____

F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

G. Collection Site Address: _____

Collector Contact Info: Phone _____
Fax _____
Other _____

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

COLLECTION: Split Single None Provided, Enter Remark _____

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? Yes No, Enter Remark _____

ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Device Within Expiration Date? Yes No Volume Indicator(s) Observed

REMARKS: _____

STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable federal requirements.

Signature of Collector _____ SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: _____

(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____ Time of Collection _____ AM _____ PM _____

Signature of Accessioner _____ Name of Delivery Service _____

(PRINT) Accessioner's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____ Split Specimen Device Expiration Date: _____

Primary/Single Specimen Device Expiration Date: _____ Primary Specimen Seal Intact YES NO

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

NEGATIVE DILUTE REJECTED FOR TESTING ADULTERATED SUBSTITUTED INVALID RESULT

POSITIVE for: Analyte(s) in ng/mL _____

REMARKS: _____

Test Facility (if different from above): _____

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable federal requirements.

Signature of Certifying Technician/Scientist _____ (PRINT) Certifying Technician/Scientist's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name _____ RECONFIRMED FAILED TO RECONFIRM - REASON _____

Laboratory Address _____ I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable federal requirements.

Signature of Certifying Scientist _____ (PRINT) Certifying Scientist's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____

Specimen Tracking Section:

000001 SPECIMEN A	Date (Mo/Day/Yr) _____	Donor's Initials _____	PLACE OVER CAP
000001 SPECIMEN B	Date (Mo/Day/Yr) _____	Donor's Initials _____	PLACE OVER CAP

COPY 1 - TEST FACILITY COPY

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

OMB No. 0930-0158

Tests may be done by a trained collector who visits your workplace to collect specimens, or employees may go to an [HHS certified laboratory](#). To ensure accuracy, the specimen's chain of custody must be continuous from receipt until disposal.

Certified Laboratory List



Find HHS-certified laboratories who may conduct drug testing for federal agencies and specific federally regulated industries.

- [January 2023 List of Certified Laboratories and IITFs \(PDF | 210 KB\)](#)
- [January 2023 Certified Lab Listing by State \(PDF | 164 KB\)](#)
- [December 2022 List of Certified Laboratories and IITFs \(PDF | 210 KB\)](#)
- [December 2022 Certified Lab Listing by State \(PDF | 157 KB\)](#)
- [November 2022 List of Certified Laboratories and IITFs \(PDF | 200 KB\)](#)

Certificate

This is to certify that **Terra Wright** has
successfully completed the OccuHealth-Approved

Urine Drug Collector

→ Training Course on December 6, 2018.

- Proficient in 49 CFR Part 40 Procedures
- Completed Proficiency Demonstration

OccuHealth Solutions, Inc.
Refresher Training Required December 6, 2023.

John Harper
John Harper Instructor

Collectors:

- Must be knowledgeable about the current “DOT Urine Specimen Collection Procedures Guidelines,” and DOT agency regulations applicable to the employers.
- Must have qualification training.

Collectors:

- must be knowledgeable about the alcohol testing procedures in this part and the current DOT guidance.
- Must have qualification training.

STT MODEL BAT TRAINING

<https://www.transportation.gov/partners/drug-and-alcohol-testing/how-become-breath-alcohol-technician-and-screening-test-technician>

Certificate

This is to certify that **Terra Wright** has successfully completed the CMI-Approved

Breath Alcohol Technician

↓ → Training Course on **May 23, 2019**.

Proficient in 49 CFR Part 40 Procedures EBT Proficient in Operations of

John Harper

Instructor

→ Intoxilyzer 240/240D

41547

48611

BAT No

CMI

Approved Evidential Breath Measurement Devices

Overview

Evidential Breath Testing (EBT) devices on this page are the only devices you may use to conduct alcohol confirmation tests under 49 CFR Part 40. These EBTs may also be used to conduct alcohol screening tests under Part 40.

To conduct a confirmation test, you must use an EBT that has the following capabilities:

1. Provides a printed triplicate result (or three consecutive identical copies of a result) of each breath test;
2. Assigns a unique number to each completed test, which the BAT and employee can read before each test and which is printed on each copy of the result;
3. Prints, on each copy of the result, the manufacturer's name for the device, its serial number, and the time of the test;
4. Distinguishes alcohol from acetone at the 0.02 alcohol concentration level;
5. Tests an air blank; and
6. Performs an external calibration check.

Quick Links to NHTSA Approved EBTs (by Manufacturer):

- [AK GlobalTech Corporation](#)
- [Alcohol Countermeasure System Corp.](#)
- [Alcolizer Technology](#)
- [CMI, Inc.](#)

The collection site might not use what type of breath analyzer in your plan. Make sure it is the approved list—See link for approved list

<https://www.transportation.gov/odapc/Approved-Evidential-Breath-Measurement-Devices>

MROCC

Medical Review Officer Certification Council

certifies that

David W. [REDACTED], M.D.

has successfully met all eligibility and examination criteria
and is hereby designated a

Certified Medical Review Officer

Certification Number: 18-12715
Effective from August 26, 2018
to August 26, 2023



MRO Certification

Medical License

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level, Suite A
Topeka, Kansas 66612
785-296-7413

This is your wallet card which indicates that you are authorized to practice in the State of Kansas. Please sign the wallet card prior to using. Keep your card in a safe place to prevent loss or theft. You may also access a current copy of your wallet card in the Online Portal.

DAVID WESLEY S [REDACTED]
5 COMPOUND DRIVE
HUTCHINSON KS 67502

Kansas State Board of Healing Arts

This is to certify that the individual named below is authorized to practice as indicated.

DAVID WESLEY S [REDACTED]
Profession: Medical Doctor (MD)
License #: 04-29865 Status: Active
Date Last Renewed: 06/22/2022 Expiration: 07/31/2023
Orig License Date: 10/12/2002 Date This Status: 07/01/2013
CE Due: 06/30/2023

Signature of Practitioner

Certificate of SAP Continuing Education

THIS CERTIFIES THAT

Terra Wright

HAS SUCCESSFULLY COMPLETED TWELVE (12) HOURS OF CONTINUING EDUCATION IN:

DOT / SAP REGULATIONS: REVIEW AND UPDATE

Federal Department of Transportation Regulations and
Assessment Requirements and Procedures
for the Substance Abuse Professional (SAP)

→ **December 12, 2019** ↓

This continuing education module meets the requirements of 49 CFR PART 40.281(d).
The module included a documentable assessment tool, as required by 49 CFR PART 40.281(d)(2).

SAPlist U Administrator
www.saplist.com

Course Approvals:

EACC, 12 PDHs in Domains II and III (SSAPL0219-1)
NBCC, 12 hours (Provider #6304)
This program is Approved by the National Association
of Social Workers (Approval #866476155-3416) for 12
continuing education contact hours.

For verification or questions, please contact us via our website at www.saplist.com

You must have one of the following credentials:

- (1) You are a licensed physician (Doctor of Medicine or Osteopathy);
- (2) You are a licensed or certified social worker;
- (3) You are a licensed or certified psychologist;
- (4) You are a licensed or certified employee assistance professional; or
- (5) You are a state-licensed or certified marriage and family therapist; or
- (6) You are a drug and alcohol counselor certified by an organization listed at <https://www.transportation.gov/odapc/sap>

Certificate of Completion

AWARDED TO

FOR COMPLETION OF

This course meets the minimum DOT supervisor training requirements of 1 hour drug training and 1 hour alcohol training as required under 49 CFR Part 199.113, 49 CFR Part 199.241 & 49 CFR Part 382.603.

APPROVED BY

DATE ISSUED

08/30/2022

08/30/2022

APPROVED BY

DATE ISSUED



ACHIEVEMENT



SUPERVISORY TRAINING

For supervisory personnel who will determine whether an employee must be drug tested based on reasonable cause must include one 60-minute period of training on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use 199.113(c) AND one 60 minute period for alcohol misuse. 199.241

[supervisor dot drug alcohol training - Search \(bing.com\)](#)



MIS Reporting 199.119

Each large operator (having more than 50 covered employees) must submit an annual Management Information System (MIS) report to PHMSA of its anti-drug testing using the MIS form and instructions as required by 49 CFR part 40 (at § 40.26 and appendix H to part 40), not later than March 15 of each year for the prior calendar year (January 1 through December 31). The Administrator may require by notice in the PHMSA Portal (<https://portal.phmsa.dot.gov/phmsaportallanding>) that small operators (50 or fewer covered employees), not otherwise required to submit annual MIS reports, to prepare and submit such reports to PHMSA.

An operator must obtain the user name and password needed for electronic reporting from the PHMSA Portal ---

[PORTAL](#)

<https://portal.phmsa.dot.gov/portal>

Each report required under this section must be submitted electronically at [DAMIS](#)

[Damis.dot.gov](https://damis.dot.gov)

PHMSA Pipeline and Hazardous Materials Safety Administration

U.S. Department of Transportation

PHMSA Home | Contact Information | DOT Vulnerability Disclosure Policy

PHMSA Portal Access Page

Username:

Password:

Login

Create Account

Operator ID Assignment Request

Forgot Password | Forgot Username

Announcements

Announcement Message

- Please do not submit a HAZMAT registration for the 2023-2024 registration season until May 1st to avoid registration errors and

MIS Reporting 199.119

Pipeline Home DAMIS

DEPARTMENT OF TRANSPORTATION
UNITED STATES OF AMERICA

DAMIS Username/Password

Operator ID	DAMIS Status	Account Information
<input type="checkbox"/>	PHMSA records indicate that this OpID has more than 50 covered employees OR this OpID has been selected to submit CY 2021 DAMIS data. The reporting website will open shortly after January 1, 2022 and reports are due by March 15, 2022.	URL: Pipeline MIS Reporting Supplemental Instructions username: [REDACTED] password: [REDACTED] contact: [REDACTED] e-mail: [REDACTED] phone: [REDACTED]



CONTRACTORS 199.115

The operator remains responsible for ensuring that the requirements of this part are complied with.

D&A Records

- Copy of MIS report for previous 5 yrs
- List of covered employees by function, and names—service man, technician, reg relief tech, cp tech, leak surveyor
- Records of historical review of covered employee who perform covered functions with other companies or where a NON-DOT transfers in
- Records of training and qualifications of Urine Specimen collector(s)
- Qualifications of Substance Abuse Professional(s) and Medical Review Officer(s)
- Has operator had any incident/accidents reviews, if none tested, justification as to why
- Records to substantiate testing lab is Department of Health and Human Services (HHS) approved
- Laboratory record retention for all—2 yrs
- EAP posters, brochures, email etc.—make sure policy is posted 199.113(b)
- Supervisory training records for 60 minute (120 total) each for Drug and alcohol
- Qual records for Breath Alcohol Techs and Screening Test Techs

Questions ?